FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005135 (9)

1. Corporation Name
THIS HOUSE INC.

Principal Place of Business	Mailing Address
637 4TH AVE S ST PETERSBURG FL 33701	637 4TH AVE S ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3235294 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 504 Seminole St.	2a. Mailing Address 26 504 Seminole St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Fl.	City & State 28 Clearwater, Fl.
Zip 24 34615 / Country 25 Pinellas	Zip 29 34615 / Country 30 Pinellas

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, JUNE 637 4TH AVE S ST PETERSBURG FL 33701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 504 SEMINOLE ST 83 84 City CLEARWATER FL 85 Zip Code 34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE June Adams JUNE ADAMS D — 3-28-1995
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	ADAMS June T ☒ Change ☐ Addition
NAME	ADAMS, JUNE T	12 NAME	
STREET ADDRESS	637 4TH AVE S	13 STREET ADDRESS	504 SEMINOLE ST.
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	CLEARWATER, FL. 34615
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	BAKER, GEORGE D	22 NAME	BAKER GEORGE - D
STREET ADDRESS	237 7TH AVE N	23 STREET ADDRESS	237 - 7th AV N
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	ST PETERSBURG FL
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	FAW, MARK	32 NAME	PAT ADAMS - D
STREET ADDRESS	637 4TH AVE., SOUTH	33 STREET ADDRESS	3745 Forty first Av. N.
CITY-ST-ZIP	ST. PETE FL	34 CITY-ST-ZIP	St. Petersburg, Fl
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: June Adams JUNE ADAMS — 3-28-1995 — 813-443-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085382